

MMISSION

ANNUAL AUDITED REPORT

FORM X-17A-5

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Washington, Oc.
FACING PAGE
Information Required of Brokers and Dealers Pursuant to Section 17 of the
Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINNING_		01/01/2008	_ AND ENDING	12	/31/2008
		MM/DD/YY	_	М	M/DD/YY
A. REG	SISTE	RANT IDENTIFIC	ATION		
NAME OF BROKER-DEALER: First	Tenn	essee Brokerage	, Inc.	OF	FICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUS	INESS	: (Do not use P.O. Bo	x No.)	-	FIRM I.D. NO.
530 Oa	k Co	urt Drive, Suite	200		
		(No. and Street)			
Memphis		Tennessee		38117	
(City)		(State)		(Zip Code)
NAME AND TELEPHONE NUMBER OF PE Paul Mann, President	RSON	TO CONTACT IN RE	GARD TO THIS R	EPORT (901)	818-6010
		+=		(Area Co	de – Telephone Number
B. ACC	OUN	FANT IDENTIFIC	ATION		
INDEPENDENT PUBLIC ACCOUNTANT w	hoso o	ninion is southing the	11 7	· .	
			nis Keport*		
	KPMG				
•	Name –	if individual, state last, firs	t, middle name)	•	
50 North Front Street, Suite	900	Memphis	Tenne	ssee	38103
(Address)	(C	City)	(State)	11/1	(Zip Code)
CHECK ONE:					
☐ Certified Public Accountant					
☐ Public Accountant					
☐ Accountant not resident in Unite	d State	es or any of its possessi	ions.		
		FFICIAL USE ONI			
			-		,
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*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1410 (06-02)

OATH OR AFFIRMATION

-,	aul Mann		, swear (or affirm) that, to the best of
my knowle	rist lennessee brokerage, Inc.	tatement	and supporting schedules pertaining to the firm of
of	April 22	, 2009	, are true and correct. I further swear (or affirm) that
neither the	e company nor any partner, proprietor, princi solely as that of a customer, except as follow	ipal offic	er or director has any proprietary interest in any account
			Fral Mann
			Signature PRESIDENT
☐ (a) Fad ☐ (b) Sta ☐ (c) Sta	Notary Public ** contains (check all applicable boxes): cing Page. tement of Financial Condition. tement of Income (Loss). tement of Changes in Financial Condition.	·	STATE OF TENNESSEE NOTARY PUBLIC Ny Corarn. Exp. 3-20-2013
(e) Sta (f) Sta (g) Co (h) Co	tement of Changes in Stockholders' Equity of tement of Changes in Liabilities Subordinate mputation of Net Capital. mputation for Determination of Reserve Reg	d to Clai	rs' or Sole Proprietors' Capital. ms of Creditors.
3 (i) Init 3 (j) A F Coi J (k) A F	Demation Relating to the Possession or Contr Reconciliation, including appropriate explanation of the Reserve In Reconciliation between the audited and unauc	ol Requir tion of the Requirem	rements Under Rule 15c3-3.
3 (l) An ∫ (m) A c	Oath or Affirmation. opy of the SIPC Supplemental Report.		st or found to have existed since the date of the previous audi

^{**}For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

UNITEDSTATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ANNUAL AUDITED REPORT FORM X-17A-5 PART III

OMB APF	PROVAL			
OMB Number:	3235-0123			
Expires: Fet	oruary 28, 2010			
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of Brokers and Deale ange Act of 1934 and	rs Pursuant to Section Rule 17a-5 Thereum	on 17 of the ider	
01/01/2008		12/31/2008	
MM/DD/YY		MM/DD/YY	
GISTRANT IDENTII	FICATION		
Tennessee Broker	age, Inc.	OFFICIAL USE ONLY	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)			
ak Court Drive, Su	ite 200		
(No. and Street)			
Tenness	see	38117	
(City) (State) (Z			
ERSON TO CONTACT IN	N REGARD TO THIS RE	PORT (901) 818-6010	
		(Area Code - Telephone Number	
OUNTANT IDENTII	FICATION		
vhose opinion is contained	in this Report*		
KPMG LLP			
(Name - if individual, state las	t, first, middle name)		
e 900 Memphis	Tennes	ssee 38103	
(City)	(State)	(Zip Code)	
ed States or any of its pos	sessions.		
FOR OFFICIAL USE	ONLY		
	of Brokers and Deale ange Act of 1934 and 01/01/2008 MM/DD/YY GISTRANT IDENTIFY Tennessee Broker. GINESS: (Do not use P.O. ak Court Drive, Su (No. and Street) Tennesse (State) ERSON TO CONTACT IN OUNTANT IDENTIFY whose opinion is contained the second se	MM/DD/YY GISTRANT IDENTIFICATION Tennessee Brokerage, Inc. SINESS: (Do not use P.O. Box No.) ak Court Drive, Suite 200 (No. and Street) Tennessee (State) ERSON TO CONTACT IN REGARD TO THIS RE OUNTANT IDENTIFICATION whose opinion is contained in this Report* KPMG LLP (Name - if individual, state last, first, middle name) e 900 Memphis Tennes	

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

OATH OR AFFIRMATION

I,	Paul Mann		gween (en effer Natural L
my	knowledge and belief the accompanying financia	l statement	, swear (or affirm) that, to the best of
	First Tennessee Brokerage, Inc	•	and supporting schedules pertaining to the firm of
of	April 22	2009	, are true and correct. I further swear (or affirm) that
nei	ither the company nor any partner, proprietor, prin	ncipal office	er or director has any proprietary interest in any account
cla	ssified solely as that of a customer, except as follo	ows:	or director has any proprietary interest in any account
	, ,		
_			
		(XINI
		•	Came II/amm
			Signature
		_	PRESIDENT
1	1 A M		Title
7	Avancal. tastes		JOHNA A. FOR
	Notary Public	•	A SINIE /M
Thi	s report ** contains (check all applicable boxes):		OF TENNESSEE
臼	(a) Facing Page.		\ \ NOTARY \ \
	(b) Statement of Financial Condition.		PUBLIC
	(c) Statement of Income (Loss).		BY COUNT
ö	(d) Statement of Changes in Financial Condition. (e) Statement of Changes in Stockholders' Equity. (f) Statement of Changes in Linksholders' Equity.	It on Dominion	
	(f) Statement of Changes in Liabilities Subordina	y or Pariner: ated to Clair	s or Sole Proprietors' Capital.
ш	(g) Computation of Net Capital.		
	(h) Computation for Determination of Reserve Re	equirements	Pursuant to Rule 15c3-3.
	(1) Intolliation Relating to the Possession or Cor	strol Requir	amenta III-dea Dula 15.2.2
_	Computation for Determination of the Reserv	nation of the	Computation of Net Capital Under Rule 15c3-1 and the
	(K) A Reconciliation between the audited and una	udited State	ements of Financial Condition with respect to methods of
	· · · · · · · · · · · · · · · · · · ·		of 1 manoral Condition with respect to methods of
	(I) An Oath or Affirmation.		
	(m) A copy of the SIPC Supplemental Report.	bund to a!-	A
			t or found to have existed since the date of the previous audit.
**F	or conditions of confidential treatment of certain p	ortions of t	his filing, see section 240.17a-5(e)(3)
	_	•	